DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200310736-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of wh	nich is attached hereto unless th	ne following box is ch	ecked:		
() was filed on	as US Applie	cation No. or PCT Inte	ernational Applica	ation	
Number					
ncluding the claims, a disclose all information	nave reviewed and understood as amended by any amendmen which is material to patentabili	t(s) referred to above	e. I acknowledg		
inventor(s) certificate listed	r Claim of Foreign Priority ty benefits under Title 35, United Stat below and have also identified below a ne application on which priority is claim	any foreign application for p	ny foreign applicatio patent or inventor(s)	n(s) for patent or certificate having	
COUNTRY	APPLICATION NUMBER	OATE FILED	PRIORITY CLAIMED UN	DER 35 U.S.C. 119	
			YES:	NO:	
			YES:	NO:	
Provisional Application I hereby claim the benefit u below:	under Title 35, United States Code Sec	etion 119(e) of any United	States provisional ap	pplication(s) listed	
	APPLICATION NUMBER	HLING DATE	-		
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nsofar as the subject matte	er of each of the claims of this applica	tion is not disclosed in the	States application(s) prior United States	application in the	
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Rev 05/03 (DecPwr)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200310736-1

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Inventor's Signature			Date	
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Residence:				
Post Office Address:				
Inventor's Signature			Date	
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Inventor's Signature			Date	
Fuli Name of # 5 joint inventor:				Citizenship:
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Inventor's Signature			Date	
Fuil Name of # 6 joint inventor:				Citizenship:
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Post Office Address:				
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Full Name of # 7 joint inventor: Residence:				Citizenship:
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Post Office Address:				
Inventor's Signature			Date	
Full Name of # 8 joint inventor:				Citizenship:
Residence:				
Post Office Address:				
Inventor's Signature			Date	